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## APPLICANTS

Jennifer L. Mitcham, Redmond, WA;  
 Gordon E. King, Seattle, WA;  
 Paul A. Algate, Issaquah, WA;  
 Steven P. Fling, Bainbridge Island, WA;  
 Marc W. Retter, Carnation, WA;  
 Gary R. Fanger, Mill Creek, WA;  
 Steven G. Reed, Bellevue, WA;

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/617,747 07/17/2000 ABN which is a CIP of 09/404,879 09/24/1999 PAT 6,468,546

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/12/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 97	TOTAL CLAIMS 122	INDEPENDENT CLAIMS 30
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

## ADDRESS

Jane E R Potter  
 Seed Intellectual Property Law Group PLLC  
 701 Fifth Avenue  
 Ste 6300  
 Seattle, WA 98104-7092

## TITLE

COMPOSITIONS AND METHODS FOR THE THERAPY AND DIAGNOSIS OF OVARIAN CANCER

<b>FILING FEE RECEIVED</b> 5442	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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